

APPLICANT'S MONTHLY FINANCIAL STATEMENT

For use of this form, see AR 601-210; the proponent agency is ODCSPER

DATE

1. LAST NAME, FIRST NAME, MIDDLE INITIAL		2. RESIDENCE OF DEPENDENTS WHILE SEPARATED FROM APPLICANT	
3. CURRENT INCOME			
Salary ¹	\$		
Other income (current) ²	\$	source	
Other income (if enlisted) ³	\$	source	
4a. Liabilities to apply against above income		4b. Liabilities to apply against military income	
Rent	\$	Rent or house notes	\$
Utilities		Utilities	
Food		Food	
Medical		Clothing	
Clothing		Insurance (Life)	
Insurance (Life)		Insurance (Auto)	
Insurance (Auto)		Car operating expenses	
Car operating expense		Car notes	
Car notes		Payment on other debts ⁴	
Payment on other debts ⁴		Other indebtedness or financial obligations	
Other indebtedness or financial obligations			
TOTAL	\$	TOTAL	\$
5. Assets			
Savings	\$	Rooms of furniture owned	
Bonds, stocks, etc.		Number of vehicles	
Furniture			
Motor vehicles			
Other assets			
TOTAL	\$		
6. ADDITIONAL INFORMATION OR REMARKS (In the event a move of dependents is indicated, include information as to disposition of furniture, if applicable, any other information you feel is pertinent to your current and future financial stability.)			
The above is true to the best of my knowledge, and includes all current and known future obligations and/or demands against my income.			
WITNESSED		SIGNATURE OF APPLICANT	
¹ If applicant is currently unemployed, indicate salary for last employment and employment termination date.			
² Indicate additional current monthly income including spouse's salary, if employed. If income is from more than one source, indicate each source and amount of that source.			
³ Indicate anticipated income other than military salary if enlistment is approved.			
⁴ See item 23, DA Form 3072-1.			